

CITIZENSHIP AFFIDAVIT (TIER 4)

This affidavit is to be used only if you are unable to provide a primary proof of citizenship, such as a passport or birth certificate.

CLIENT NAME (OTHER KNOWLEDGEABLE PERSON, IF APPLICABLE)	CLIENT ID NUMBER	
<p>I am unable to provide/obtain a birth certificate or other documentary proof of citizenship because:</p> 		
<p>**Each person (the client, and friend/relative) signing a Citizenship Affidavit (DSHS 27-033) does so under the following:</p> <p>I declare, under penalty of perjury of the laws of the State of Washington, the information in this affidavit is true and correct.</p> 		
<p style="text-align: center;">_____ CLIENT SIGNATURE</p> <p>Signed this _____ day of _____ 20__,</p> <p>at _____ Washington.</p> <p>To be eligible for Medicaid, you must also get two completed and signed Citizenship Affidavit Statements (Tier 4) (DSHS 27-033).</p> <ul style="list-style-type: none"> Only <u>one</u> person affirming your citizenship can be related to you. 		
<p>If requested, <u>each person</u> ** (friend or relative) signing a Citizenship Affidavit (Tier 4) (DSHS 27-033) in support of the client affidavit above, must provide proof of:</p> <ul style="list-style-type: none"> Citizenship (Birth Certificate); and Identity (examples: driver's license, military ID, state ID). 		
<p>I _____ know that (Client) _____</p> <p>Is a United States citizen because:</p> <p>Signed this _____ day of _____ 20__,</p> <p>at _____ Washington.</p>		
PRINT NAME	SIGNATURE**	RELATIONSHIP TO CLIENT IF ANY